U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

AUG 2 Z READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
E AUC 12 1	
1. File Number U - 1/1/4/5	2. Fiscal Year Covered From:
,	1 / 2004 Through: 2 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name MISTURNED S JACKER	Name (M) jego Caut Big Coust TRACE Cour
	Labor Organization File Number 048575
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street STANAHANY	Street 3737 CAMINO DEL RIO DOTA
City ESCOMIGO	City Sun Dicks GALAF 97
State CLUK ZIP Code +4 92027	State CACA+ ZIP Code + 4 9Z108
5. Position in labor organization.  BUSINES UNIVERSITY NACL	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Misself M & Allegath	on Austral-2014
	The state of the s
Form LM-30 (2003)	Date Telephone Number

Name of Person Filing (150) FW S HATINGT	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered unde	12.b. Amount.
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 642 (2005)  State 21P Code + 4 (2212)	or other thing of value.  14.a. Nature of payment.  Lender Web.  Telelogy Look Me to Lunch todescus Weburna Paway Plant, Regulatives  Essistance Roin Council towayage  Council Affiliates to support puyeur  With skilled Mallower.  Aug 18/04 Bulks EDST @ Sandresc
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.